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SENATOR WESELY: Thank you, Madam President, members. As Senator Lynch talked about, he went to Japan and he talked about the expenses in our country on health care. We continue to be the highest cost country in terms of health care, and we cover fewer of our people than other nations. As they go to national health insurance they are able to reduce costs and cover all their citizens. We have more uninsured and we have more expense. We cover fewer people at greater cost, and the question is, why? One reason why is what you're seeing today, we are unable to say no to individuals who desire to have something happen and have the backbone and strength to fight as hard as they fight to get what they want. We've got to be able to say no. We haven't been able to say no, and as a result, as I mentioned earlier, we're number one in nursing home beds per elderly, and we're number four in hospital beds. That's expense we didn't need, that's more beds than we need, that's more expense than we need, and our costs go up as a result of that. And more than half of hospital revenues, more than half of nursing home residents are state or federally, taxpayer paid individuals. So the ultimate bottom line comes back to us on taxes, which of course concern all of us. But the changes, Senator Chambers talked about physician owned, self-referral type situations, and that is in fact happening. Some talk about these ambulatory surgical centers. A lot of them are physician owned, a lot of these for-profit entities come in and buy in their executives, buy in their physicians, and the profit motive becomes even more ingrained in the system. And the idea of physicians owning these ambulatory surgical centers, taking the easier, better cases, bringing them over there, them making money off it, keeping them out of the hospital, it just is going to end up evolving over time into very negative impact, I think, on community hospitals and health care across the state. In looking at some of the impacts of Columbia HCA and the for-profit movement, they end up with more people in their hospitals because they shut down some. We have too many beds, and so, you know, shutting down some beds is probably something that needs to happen. But the way they do it is they shut down the beds, shove them into their crowded hospitals, they reduce the staffing, even though there's more people in the hospital, they charge more actually than other hospitals, supposedly this market will end up reducing costs, it turns out that Columbia